



# kozak orthodontics

Bryon Kozak DDS MS LTD

Creating a *lifetime of beautiful smiles!*

Patient: \_\_\_\_\_ Dentist: \_\_\_\_\_

Date of Cleaning: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hygienist: \_\_\_\_\_

Next Cleaning Due:  3 mo  6 mo

Please grade oral hygiene: Pass or Needs Improvement

*Would you like a consult with Dr. Kozak regarding orthodontic treatment progress?*

Yes No *If so, which consultation method would you prefer?*

Email Phone Call Letter Lunch Meeting Dinner Meeting

Any progress/restorative or other comments:

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\_\_\_\_\_  
Signature of Dentist/Hygenist or Office Stamp

Please have patient return this form to our office. Or, please fax to 262-697-5523 / email to [drkozak@kozakortho.com](mailto:drkozak@kozakortho.com) \$5 in Kozak Cash will be awarded to the patient for returning this form. Any questions or concerns please call 262-697-8766 or 847-603-1682.